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of them absolutely inert. Coupled with this fact was the extreme confidence of the people in drugs, the number, bad taste and foul smell being standards of worth. Consequently prescriptions were advocated containing 20 to 70 different drugs, the so-called "shotgun" prescriptions. The ideas of Paracelsus contrary to this practice had had no effect. But as yet there were known no logical relations between the drugs and disease. Disgusting remedies such as excrements of animals, blood of executed criminals, moss grown on a human skull, earth from a grave, etc., were still in use. Dr. Thomas Willis of this century made a great effort to reform the *Materia Medica*. His attitude is shown when he writes, "So heedlessly are these executioners (doctors) in the habit of sporting with the human body, while they are led to prepare and administer these dangerous medicines not by any deliberation but by mere hazard and blind impulse."

*(To be continued.)*

## THE OBSTETRICAL NURSE

By SARA B. BOWER, R.N.

*Philadelphia, Pa.*

I have often been amused, and at times greatly annoyed, by the point of view so many nurses entertain toward obstetrics. This was first impressed upon me shortly after my graduation, when an experienced nurse with whom I was discussing my plans said to me: "I haven't come down to taking obstetrical cases yet, but, of course, you never can tell." From her tone, I felt that she considered her ability warranted something superior to obstetrics. Since then, I have repeatedly encountered this same intolerance, and only a few days ago, while attending a meeting, it was again brought to my attention. A nurse whom I had not seen for several months asked me about my work and I replied, saying: "Yes! I'm busy, but then, an obstetrical nurse can always be busy."

"Oh! obstetrics," she replied, in a contemptuous tone. "No doubt we'll all come to it; times are so hard."

Why should she feel that she "must come to it?" Why this contempt for obstetrics?—a work which requires as skillful training as anything in the category of nursing, and which at the same time is replete with new problems, new interests and delightful associations. An obstetrical nurse has not one patient, but two, each of whom has different needs. Realizing that the baby is a personality with individual

rights, she must protect and discipline it, and prevent the interference of family and friends. This is often the most difficult problem of her work, but this protection means the future comfort of both mother and child.

The obstetrical nurse, to fill the highest mission of her specialty, must be a teacher. Motherhood is the greatest revelation that comes into a woman's life, but it is also the greatest responsibility, and for that reason the nurse must teach the mother the physical care of her child, so that she will not be helpless when left to her own resources. If the baby is artificially fed, the mother must be taught milk modification, pasteurization, and the principles of sterilization. At all times a feeling of confidence should be cultivated in the mother. Then too, I have often found that a mother's training has led her to look upon an infant as a plaything, brought into the world for the amusement of older people. In such cases it becomes the nurse's duty to arouse in that mother a sense of moral obligation and responsibility toward her child.

Aside from surgical technique, aside from personal service, the obstetrical nurse occasionally finds herself placed through necessity in the position of a protector toward the mother. Upon two occasions it was my painful duty and professional privilege to so protect patients.

A few years ago, I was asked by a Philadelphia physician, for whom I had nursed, to go some two hundred miles into the country to care for a woman who was expecting her second child. Her first child had been delivered by forceps, the head had become infected, and the child had died. The mother also had become infected and recovered only after a long illness. Two years later, becoming pregnant, she appealed to the Philadelphia physician, but unfortunately the distance made it impossible for him to deliver her. However, it was possible this time for her to have the services of a trained nurse. The doctor called me in, saying: "I want this woman to have her baby without danger of infection."

I arrived at the town, and after I had met the physician, I realized at once why the obstetrical history of this small place reeked of infection, for during my stay of eight weeks I heard of no less than fourteen cases of blood poisoning. When labor began, the physician was sent for and, incredible as it may seem, his finger nails were black, absolutely filthy.

"Nurse," he said, "I will examine the patient."

"Very well," I replied, "I have prepared everything in the bathroom for the washing of your hands."

"Oh! that's all right," he answered, "I washed my hands before I left home."

"But, I'm sure, that you want to use the antiseptic soap and nail brush," and not waiting for a reply, I started for the bath-room and he followed reluctantly. He scrubbed his hands, but neither thoroughly nor carefully and I placed a bichloride solution, 1-1000, where he could hardly avoid using it. He dipped his fingers in this, and proceeded to examine the patient. When he had finished, he picked up the towel and wiped his hands. I suggested letting clean water run for him and he turned on me, "If you expect me to go to that bath-room all the time, you are much mistaken. My hands are clean."

"Very well," I said. "If the bath-room is too far away, I will bring the water to you," and I did. I fixed a table in the patient's room and placed on it a bowl, pitcher, nail brush, antiseptic soap, bichloride solution and before and after each examination and before preparing the patient, I poured and emptied water and solution and used mental suggestion with all my force, so that my patient would be safe against infection. I came out victorious, a clean baby, and complete and happy recovery.

Another time, only three years ago, I was asked to go to western Canada, a distance of two thousand miles, to nurse a Philadelphia woman who was then living there. As my patient lived forty-five miles from a doctor, on a three thousand acre wheat farm, it was thought advisable by her Philadelphia physician that we go to the nearest hospital, also forty-five miles away.

The hospital was primitive and conveniences meagre, but the most unfortunate phase of the situation was an epidemic of typhoid fever which swept the country for many miles around. The hospital had accommodations for fifty-five patients, the third floor being devoted to the care of obstetrical patients, both public and private. We had been there only a few days when the capacity of the hospital became overtaxed, and ninety typhoid patients were crowded into a space properly accommodating fifty. The corridors, the office and the operating room were turned into wards, and my greatest responsibility became the protection of my patient against typhoid infection. Sanitation was at its worst, so I straightway bought dishes and all necessary articles and kept them in our room, washing and caring for them. When the baby was ten days old, the superintendent of the hospital came to me and asked me when I intended taking my patient home.

"When she is able to go home," I replied. "In this hospital," she said, "ten days is considered sufficient time for any obstetrical case," to which I replied that "where I came from we did not consider ten days sufficient time for a woman to descend three flights of stairs, take a forty-five mile railroad journey and a three-and-a-half mile carriage ride to her home." However, I promised to abide by the

physician's decision in the matter and immediately telephoned for him. He had visited my patient but twice during the ten days and had rather left things in my hands, as he was absorbed with typhoid fever work, travelling many miles each day to see patients. I waited, but he never came.

At the end of the second week, on the first day my patient sat up out of bed, the superintendent again visited us, informing me that if I did not take my patient home at once, she would bring typhoid cases up on the third floor, and "she would show me." Fearing for the safety of my patient, who would soon use the only toilet on the floor, knowing how few precautions were taken throughout the hospital against the spread of infection and being unable to get the doctor, I felt that it was my responsibility to protect the mother at whatever cost. Firmly I informed the superintendent that if she carried out her threat I would expose the lax conditions permitted in her hospital, to the nursing world. I said to her further that it was her obligation, since she had accepted my patient, not only to protect her against typhoid, but to shelter her until such time as she was strong enough to go home.

At the end of three weeks my patient was carried down stairs and journeyed home. Both she and the baby did very well, and the mother recovered health quickly after our return to the farm.

The reason for the intolerance so often found among nurses towards obstetrics is that they view it only from the standpoint of labor, they fail to see the marvelous work that can be done by exact and scientific method. The great evolution in obstetric care during the last thirty years, has only been made possible through the advent of the trained nurse. She has been the doctors' greatest aid in the wonderful work that has been done in the prevention of puerperal sepsis.

Obstetrics is a laborious specialty, but it yields unusual compensations. Surely it should not be robbed of its ideals, but should be given its proper and by no means inferior place in the category of nursing.

## HOSPITAL SERVICE DURING A NAVAL BATTLE

By ERNEST FRITZ HOYER

*New York, N. Y.*

Upon opening the papers in the morning and reading about a great naval fight or battle, or say battles, where two hundred ships are gradually shot to pieces in a couple of hours, I wonder if any of the readers ever imagine what the surgeons and hospital stewards are doing during the battle.